## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

7	
Application or Docket Number	er
19/99/1000	
	/1

CLAIMS AS FILED - PART I								. / -			1	
CLAIWS AS			S FILED - PART I (Column 1) (Column 2)						NTITY			THAN
TOTAL CLAIMS		18				TYPE RAT		FEE	OR	RATE	ENTITY	
FOR			NUMBER	NUMBER FILED N		BER EXTRA	BASIC FI		<del>                                     </del>		BASIC FEE	FEE 740.00
TOTAL CHARGEABLE CLAIMS			1-× m	1-√ minus 20= *			X	S 9=	<del>                                     </del>	7	X\$18=	7 10:00
INDEPENDENT CLAIMS			/ minus 3 = *			Į.	X42=			OR	<b>-</b>	
MULTIPLE DEPENDENT CLAIM PR			<del></del>					42=		OR	X84=	
* If the difference in column 1 is less than zero anter 50% in release 2						+1	40=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TC	TAL		OR	TOTAL	ナルジ		
(Column 1) (Column 2) (Column 2) (Column 2) (Column 3)					(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL		
Total Indep		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	endent	1. 24	Minus	/	0	= 4	X\$	9=		OR	X\$18=	72 W
FIRS		ENTATION OF M	Minus ULTIPLE DE	PENDENT	S CLAIM	= -	X4	2=		OR	X84=	/
<u> </u>				· LIDEIV	OLANG		+14	l0=		OR	+280=	
							T ADDIT	FEE		OR	TOTAL ADDIT: FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										_		
Total Indepe	، د ج <u>ر د</u>	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		· 24	Minus	** 0	34	=	X\$	9=		OR	X\$18=	
FIRST	PRESE	TATION OF MI	Minus	***	CLAIM	=	X4:	?=		OR	X84=	
<u> </u>				21.02.11	00 11111		+14	0=		OR	+280=	
								TAL		OR .	TOTAL	
		(Column 1)		(Colum		(Column 3)	ADDIT.	rte L		ΑΑ	IDDIT. FEEL	
Total Indepe	¥. 3	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total		*	Minus	##		=	XS 9	=		ا م	XS18=	FEE
Indepe		*	Minus	***		=	X42	-+		OR		
FIRST	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X84=	
* If the entr	y in colur	nn 1 is less than th	e entry in colur	nn 2, write "	D'an coli	ımn 3	+140			OR	+280=	
"" If the "Hig	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter '20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter '3. The "Highest Number Previously Paid For" (Total or Independent) is the highest number for						OT a Tidda	EEL		OR A	TOTAL DDIT FEE	
The *High	est Num	ber Previously Paid	For Total or	Independen	ti is the f	nignest number i	ound in the	apor	opriate box	n colur	nn 1.	